
Name

FORM #74a

Address

City State Zip Code

Phone Number

PETITIONER PRO SE

**MONTANA TWENTY-FIRST JUDICIAL DISTRICT COURT
RAVALLI COUNTY**

In re the Marriage of:

_____,
Petitioner,

and

_____,
Respondent.

Cause No.: _____

Department No.: _____

**ACCEPTANCE OF SERVICE OF
STATUTORY NOTICE TO
DEPARTMENT OF PUBLIC
HEALTH AND HUMAN SERVICES**

TO: Department of Public Health and Human Services

I declare, under penalty of perjury, that I received a copy of the STATUTORY NOTICE TO DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES, dated _____, 20____ in the above-captioned matter and that I hereby accept and acknowledge service.

DATED this ____ day of _____, 20____.

By:_____

STATE OF MONTANA)
 :SS
County of _____)

On this ____ day of _____, 20____, before me, the undersigned, a
Notary Public for the State of Montana, personally appeared
_____, known to me to be the person whose name is subscribed to
the within instrument and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Notarial Seal the
day and year first above written.

(SEAL)

NOTARY PUBLIC, for the State of Montana
Printed Name: _____
Residing At: _____
My Commission Expires: _____